Greetings from Williamstown! We are excited that you’re interested in visiting Williams College this fall. To be considered, you must submit 1) a completed WOW application and 2) a copy of your high school transcript (we accept non-official photocopies, but it must include all available grades).

Please send your completed application no later than August 20th to: Sarah Varno, Office of Admission, Williams College, 33 Stetson Court, Williamstown, MA 01267. You may also fax it to 413-597-4052.

Please note that preference is given to students who demonstrate significant financial need.

I’d like to attend the program on:  □ Sept. 30th to Oct. 2nd  □ Oct. 21st to 23rd  □ Either

Personal Data.

Name: ____________________________________________________________________________________

Last/Family         First    Middle (Complete)   Jr., etc.

Prefer to be called (nickname): ___________________  Gender: ____  Date of Birth (mm/dd/yyyy): ______________

Email: ________________________________  Social Network Used (e.g. Facebook):__________________________

Mailing Address: __________________________________________________________________________

Number and Street       Apt.

City    State    Zip Code + 4 or Postal Code

Home Phone: (________)___________________    Cell Phone: (________)___________________

Area Code                       Number                      Area Code                         Number

Citizenship (Check One):  □ U.S.  □ Non-US (specify):________________________________________

Family.

Please answer all questions.

Parent/Guardian #1 Full Name: ____________________________________________________________ Deceased? ______

Occupation: ___________________________________________  Employer: ___________________________

Name of College (if any): _______________________________  Degree: _______  Year: ______________

Name of Graduate School (if any): ________________________  Degree: _______  Year: ______________

If parent did not attend college, please list highest level of education: ____________________________

Parent/Guardian #2 Full Name: ____________________________________________________________ Deceased? ______

Occupation: ___________________________________________  Employer: __________________________

Name of College (if any): _______________________________  Degree: _______  Year: ______________

Name of Graduate School (if any): ________________________  Degree: _______  Year: ______________

If parent did not attend college, please list highest level of education: ____________________________

Number of Persons Living In Home: _________  Estimated Annual Family Income: ______________________
Educational Data.

Name of the high school you currently attend: ________________________________________________

High School Location: ____________________ Year of Graduation: ____________________
City   State

Please provide your college counselor’s name and email address:
Counselor: ____________________________________  Email:_______________________________________

What is your cumulative GPA? ______ on a ______ point scale. □ Weighted  □ Unweighted

What is your current class rank? ________ in a class of _________.

Are you affiliated with any college preparatory organization (provide name):_______________________________

Testing Information.

ACT (highest score):

<table>
<thead>
<tr>
<th>Date Taken</th>
<th>Composite</th>
<th>Reading</th>
<th>Science</th>
<th>Math</th>
<th>English</th>
</tr>
</thead>
</table>

SAT (highest score):

<table>
<thead>
<tr>
<th>Date Taken</th>
<th>Verbal/CR</th>
<th>Math</th>
<th>Writing</th>
</tr>
</thead>
</table>

If you have not yet taken the SAT or the ACT, please list your PSAT or ACT PLAN scores (if available):

PLAN (highest composite score): ________       PSAT (highest composite score): ________

Additional Information.

The following section is optional. No information provided will be used in a discriminatory manner.

First Language: _________________ Language spoken at home: ____________________

If you wish to be identified with a particular ethnic group, please check all that apply:

□ African American, Black (countries of origin ________________)
□ Native American, Alaska Native (tribe(s)________________, enrollment date/#________________________)
□ Native Hawaiian, Pacific Islander (countries of origin ________________)
□ Asian American (countries of origin ________________)
□ Hispanic, Latino (countries of origin ________________)
□ White, Caucasian (countries of origin ________________)
□ Other, specify:______________________________

Short Statement.

Have you visited the Williams College campus before? □ Yes □ No

On a separate sheet of paper, please describe your neighborhood and how it impacts who you are. (No more than 500 words).

Is there anything else you would like us to know?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________